

ATTACHMENT NO. 12

AIDS Community Information Outreach Project

[NAME OF PROJECT]

[NAME OF ORGANIZATION]

[PURCHASE ORDER NUMBER]

1. Describe your organization
2. Goals and objectives of project
3. Key milestones and dates the objectives were accomplished
4. Did you accomplish your goals? If not, why not? Were there unanticipated accomplishments? What do you consider to be your most significant accomplishments?
5. Services developed or expanded (e.g. collection development, online searching, reference services, web access, training, publication, etc.)
6. Novel features of the services (if any)
7. Quantity and quality of services provided
8. How services were promoted
(Please send NLM copies of all promotional materials developed AND all publicity received such as video clips from TV news reports, articles in newspapers or newsletters, photographs, etc.)
9. Effectiveness of promotion
10. Target populations (indicate if different for each service)
11. Partnerships/collaborations (originally proposed and others)
12. What was accomplished from partnerships and collaborations
13. Problems and barriers encountered
14. Define "Impact" as it relates to HIV/AIDS Information Access
15. Describe examples of how you know there was an impact based on this project
16. Lessons learned
17. Future plans

Information Access Categories

Type of Activity	Check if Applicable	Comments
Information Retrieval (Internet access, purchase of computer hardware and software, etc.)		
Skills Development (Training of clients, staff, general public, etc.)		
Document Access (Interlibrary loan, purchase books, etc.)		
Resource Development (Development of fact sheets, brochures, databases, etc.)		

Type of Organization(s) Involved in Project

Type of Organization	Check the Lead	Check if Partner (Check all that apply)	Names of Organizations (Indicate Lead)
Community Organization			
Health Sciences Library			
Public Library			
Other Library			
Clinic/Other Healthcare Organization			
Health Department			
Hospital			
Faith-Based			
Academic			
Other - Specify			

Target Populations (Check all that apply)

Direct Beneficiaries	Check Primary Target	Check Secondary Target(s)
General Public		
Patients & Families		
Health Sciences Libraries		
Public/Other Libraries		
Health Professionals:		
--All Types		
--Dentists		
--Nurses		
--Physicians		
--Health Services Researchers		
--Health Professions Students		
--Pharmacists		
--Public Health Workforce		
OTHER – Please specify		

Populations Served	Check Primary Target	Check Secondary Target(s)
African American		
Asian American		
American Indian		
Alaska Native		
Hawaiian/Pacific Islander		
Hispanic American		
Youth/Teen		
Senior		
Rural		
Inner City		
People living with HIV/AIDS		
Gay/Lesbian/Bisexual/Transgendered		
OTHER – Please specify		